

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/						
2		/					
3		/					
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50							
TOTAL IND.		/					
TOTAL DEP.	22						
TOTAL CLAIMS	23						

APPLICANT(S)							
*	IND.	DEP.	*	IND.	DEP.	*	IND.
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TOTAL IND.							
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